

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0605910

Insp Area: 1
Thos Bros: 298C6

Site Address: 232 HARTNELL PL SAC
Parcel No: 295-0290-006

Sub-Type: RES
Housing (Y/N): N

CONTRACTOR
PARK MECHANICAL
7975 RAMONA AV
SACRAMENTO CA 95826

OWNER
BARD FRANCES L
232 HARTNELL PL
SACRAMENTO, CA 95825

ARCHITECT

Nature of Work: PAPERLESS PERMIT. C/O SPLIT- SYSTEM HVAC PKG, HEAT PUMP, LIKE FOR LIKE. COMPLIANCE DOC'S REQ'D @ FINAL.

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class 20 License Number 335561 Date 5/2/06 Contractor Signature Merald David M. J.

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information on this application is true and correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 5/2/06 Applicant/Agent Signature Merald David M. J.

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier ACORD Policy Number Z067716401 Exp Date 10/01/2006

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 5/2/06 Applicant Signature Merald David M. J.

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

INSTALLATION CERTIFICATE

(Page 3 of 12) **CF-6R**

Site Address **232 Hartnell Place**

Permit Number **0605910**

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(a).

HVAC SYSTEMS:
Heating Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Heat Pump - split	Lennox	1	9.05	Attic	R4.2		32200
	CBX32MV-036-230						

Cooling Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) ¹ (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Heat Pump - split	Lennox	1	17.75/12	Attic	R4.2		3 Ton
	XP19-036-230						

1. ≥ symbol reads *greater than or equal to what is indicated on the CF-1R value.*
Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

✓ I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature: <i>J. Medley</i>	Date: 5/1/06

Copies to: **BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY**

1
1.
v
cc
Fa
S
Copi
Resid

Permit Package

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R	
Project Address 232 Hartnell Place	Builder Name Park Mechanical
Builder Contact John McAlpine Telephone 916 452-4154	Plan Number
HERS Rater Steve Johns CC2004766 Telephone 916 682-8730	Sample Group Number 1 of 7
Compliance Method (Prescriptive)	Climate Zone 12
Certifying Signature Date 6/2/06	Sample House Number 1
Firm Capitol Energy Consultants	HERS Provider CalCerts
Street Address: 1709 Adonis Way	City/State/Zip: Sacramento, CA 95864

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

The house was: Tested Approved as part of sample testing, but was not tested
 As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- The installer has provided a copy of CF-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

Duct Diagnostic Leakage Testing Results

NEW CONSTRUCTION:		Measured Values	
Duct Pressurization Test Results (CFM @ 25 Pa)			
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input type="checkbox"/> Measured Enter Total Fan Flow in CFM:	1200	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage $\leq 6\%$ [$100 \times [\text{Line # 1} / \text{Line # 2}]]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from CF-6R: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.	136	
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage $\leq 6\%$ [$100 \times [\text{Line # 5} / \text{Line # 2}]]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			
Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage $\leq 15\%$ [$100 \times [\text{Line # 5} / \text{Line # 2}]]$	11.3	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\%$ [$100 \times [\text{Line # 7} / \text{Line # 2}]]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\%$ [$100 \times [\text{Line # 6} / \text{Line # 4}]]$ and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Residential Compliance Forms

April 2005

SYSTEM PASSES

CERTIFICATE OF COMPLIANCE: RESIDENTIAL		(Page 1 of 5)	CF-1R
Project Title Francis Bard	Date 5/1/06	Building Permit # 0605910	
Project Address 232 Hartnell Place Sacramento, CA 95825		Plan Check / Date	
Documentation Author John McAlpine	Telephone 916 452-4154	Field Check / Date	
Compliance Method (Prescriptive)	Climate Zone 12	Enforcement Agency Use Only	

Alternative Component Package Method: (check one) _____ C _____ D _____ D (Alternative)
 * Package C and Package D choices require HERS rater field verification and/or diagnostic testing (see CF-1R page 3)
 For Package D Alternative see Appendix B Table 151-C Footnotes 7-14

GENERAL INFORMATION

Total Conditioned Floor Area (CFA) 1613 ft²

Average Ceiling Height: 8 ft

Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C --- (5% X CFA) _____ ft²

Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C --- (20% X CFA) _____ ft²

Building Type: (check one or more) Single Family Multifamily Addition Alteration
 (If adding fenestration fill out WS-4R, Fenestration Maximum Allowed Area Worksheet and see Section 8.3.2 for Additions and 8.3.3 for Alterations.)

Number of Stories: 2 Number of Dwelling Units: 1

Floor Construction Type: Slab Slab/Raised Floor (circle one or both)

Front Orientation: _____ North / South / East / West / All Orientations (input front orientation in degrees from True North and circle one).

RADIANT BARRIER (required in climate zones 2, 4, 8-15)

OPAQUE SURFACES INCLUDING OPAQUE DOORS

Component Type (Wall, Roof, Floor, Slab Edge, Doors)	Frame Type (Wood or Metal)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly U-factor (for wood, metal frame and mass assemblies)	Joint Appendix IV Reference	Roof Radiant Barrier Installed Yes or No	Location Comments (attic, garage, typical, etc.)
N/A							

1) See Joint Appendix IV in Section IV.2, IV.3 and IV.4, which is the basis for the U-factor criterion. U-factors can not exceed prescriptive value to show equivalence to R-values.

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 2 of 5) CF-1R

<i>Project Title</i> Francis Bard	<i>Date</i> 5/1/06
--------------------------------------	-----------------------

FENESTRATION PRODUCTS - U-FACTOR AND SHGC

FENESTRATION MAXIMUM ALLOWED AREA WORKSHEET WS-4R - must be included for New Construction, Additions and Alterations.

Fenestration #/Type/Pos. (Front, Left, Rear, Right, Skylight)	Ori-entation, N, S, E, W ¹	Area (ft ²)	U-factor ²	U-factor Source ³	SHGC ⁴	SHGC Source ⁵	Exterior Shading/Overhangs ^{6,7} <input checked="" type="checkbox"/> box if WS-3R is included
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

N/A

- 1) Skylights are now included in West-facing fenestration area. Skylights are tilted to the west or tilted in any direction when the pitch is less than 1:12. See Section 3.1(B) and 3.2.3 of the Residential Manual
- 2) Enter values in this column are either NFRC Rated value or from Standards default Table 116A.
- 3) Indicate source either from NFRC or Table 116A,
- 4) Enter values in this column from NFRC or from Standards Default Table 116B or adjusted SHGC from WS-3R.
- 5) Indicate source either from NFRC or Table 116B.
- 6) Shading Devices are defined in Table 3-3 in the Residential Manual and see WS-3R to calculate Exterior Shading devices.
- 7) See Section 3.2.4 in the Residential Manual.

HVAC SYSTEMS

Heating Equipment Type and Capacity (furnace, heat pump, boiler, etc.)	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Configuration (split or package)
Heat Pump	9.05	Attic	R4.2	setback	split

Cooling Equipment Type and Capacity (A/C, heat pump, evap. cooling)	Minimum Efficiency (SEER or EER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Configuration (split or package)
Heat Pump	17.75/12	Attic	R4.2	setback	split

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 3 of 5) CF-1R

<i>Project Title</i> Francis Bard	<i>Date</i> 5/1/06
--------------------------------------	-----------------------

SEALED DUCTS and TXVs (or Alternative Measures)

A signed CF-4R Form must be provided to the building department for each home for which the following are required.

<input checked="" type="checkbox"/>	Sealed Ducts (all climate zones) (Installer testing and certification and HERS rater field verification required.)
<input checked="" type="checkbox"/>	TXVs, readily accessible (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)
<input type="checkbox"/>	Refrigerant Charge (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)
OR	
<input type="checkbox"/>	Alternative to Sealed Ducts and Refrigerant Charge /TXVs (See Package D Alternative Package Features for Project Climate Zone in the RM Appendix B Table 151-C, Footnotes 7-14.)
OR	
<input type="checkbox"/>	For additions and alterations, duct systems that are not documented to have been previously sealed as confirmed through field verification and diagnostic testing in accordance with procedures in the Residential ACM Manual and duct systems with more than 40 linear feet in unconditioned spaces shall meet the requirements of Section 150(m) and duct insulation requirements of Package D.

WATER HEATING SYSTEMS

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Check box if system meets criteria of a "Standard" system. Standard system is one gas-fired water heater per dwelling unit. If the water heater is a storage type, 50 gallons is the maximum capacity and recirculation system is not allowed.
<input type="checkbox"/>	Check box when using Preapproved Alternative Water Heating table, Table 5-4 in Chapter 5 in the Residential Manual. No water heating calculations are required, and the system complies automatically.
<input type="checkbox"/>	Check box if system does not meet criteria of "Standard" system, and does not comply with the Preapproved Alternative Water Heating table. In this case, the Performance Method must be used and must be included in the submittal.
<input type="checkbox"/>	Check box to verify that a time control is required for a circulating system pump for a system serving multiple units

Systems serving single dwelling units

Water Heater Type/Fuel Type	Distribution Type	Number in System	Rated Input ¹ (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor ¹ or Thermal Efficiency	Standby ¹ Loss (%)	Tank External Insulation R-Value

System serving multiple dwelling units

Water Heater Type	Distribution Type	Number in System	Rated Input ¹ (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor ¹ or Thermal Efficiency	Standby ¹ Loss (%)	Tank External Insulation R-Value

1) For small gas storage water heaters (rated inputs of less than or equal to 75,000 Btu/hr), electric resistance, and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Rated Input, Recovery Efficiency, Thermal Efficiency and Standby Loss. For instantaneous gas water heaters, list Rated Input and Thermal Efficiencies.

Pipe Insulation (kitchen lines $\geq 3/4$ inches) All hot water pipes from the heating source to the kitchen fixtures that are $3/4$ inches or greater in diameter shall be thermally insulated as specified by Section 150 (j) 2 A or 150 (j) 2 B.

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 4 of 5) CF-1R

<i>Project Title</i> Francis Bard	<i>Date</i> 5/1/06
--------------------------------------	-----------------------

SPECIAL FEATURES NOT REQUIRING HERS VERIFICATION (add extra sheets if necessary)

Indicate which special features are part of this project. The list below represents special features relevant to the Prescriptive and Performance Method.

<input checked="" type="checkbox"/>	Feature	Required Forms (if applicable)	Description
<input type="checkbox"/>	Metal Framed Walls	CF-1R	
<input type="checkbox"/>	Radiant Barriers	CF-1R	
<input type="checkbox"/>	Exterior Shades	WS-4R	
<input type="checkbox"/>	Cool Roof	N/A; Performance Calculation Required. Attach CRRC Label to Forms.	
<input type="checkbox"/>	Dedicated Hydronic Heating System	Performance Calculation Required. Attach Run to Forms.	
<input type="checkbox"/>	Combined Hydronic System	Performance Calculation Required. Attach Run to Forms.	
<input type="checkbox"/>	Gas Cooling	N/A; Performance Calculation Required.	
<input type="checkbox"/>	Buried Ducts	N/A. Insulate on building side.	
<input type="checkbox"/>	Kitchen Pipe Insulation	See Table 5.6 Distribution System Residential Manual.	
<input type="checkbox"/>	Multiple Water Heaters Per Dwelling Unit	See Table 5-13 or use Performance Calculation and attach Run to Forms.	
<input type="checkbox"/>	Central Water Heating System Serving Multiple Dwellings	Performance Calculation and attach Run to Forms.	
<input type="checkbox"/>	Non-NAECA Large Water Heater	CF-1R	
<input type="checkbox"/>	Indirect Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Instantaneous Gas Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Solar Water Heating System	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Wood Stove Boiler	Performance Calculation and attach Run to Forms	

SPECIAL FEATURES REQUIRING HERS RATER VERIFICATION

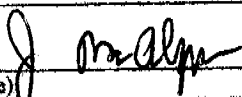
(add extra sheets if necessary) Indicate to the HERS Rater which credits are part of this project and need verification.

<input checked="" type="checkbox"/>	Feature	Required Forms (if applicable)	Description
<input checked="" type="checkbox"/>	Duct Sealing	CF-6R part 4 of 12	
<input type="checkbox"/>	Refrigerant Charge	CF-6R part 5 of 12	
<input checked="" type="checkbox"/>	Thermostatic Expansion Valve	CF-6R part 6 of 12	

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 5 of 5) CF-1R	
Project Title Francis Bard	Date 5/1/06

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. The undersigned recognizes that compliance using duct design, duct sealing, verification of refrigerant charge and TXVs, insulation installation quality, and building envelope sealing require installer testing and certification and field verification by an approved HERS rater.

Designer or Owner (per Business and Professions Code)	Documentation Author
Name: John McAlpine	Name: Same
Title/Firm: Park Mechanical	Title/Firm:
Address: 7975 Ramona Ave	Address:
Sacramento, CA 95826	
Telephone: 916 452-4154	Telephone:
License #: 335561	
 (signature)	(signature)
5/1/06	(date)
(date)	(date)

Enforcement Agency

Name: _____ Title: _____ Agency: _____ Telephone: _____ (signature / stamp) _____ (date) _____	Comments: _____ _____ _____ _____ _____
----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8) CF-4R			
Project Address	232 Hartnell Place		Builder Name Park Mechanical
Builder Contact	John McAlpine	916 452-4154	Telephone Plan Number
HERS Rater	Steve Johns	CC2004766	916 682-8730
Compliance Method (Prescriptive)	Date		Sample Group Number 1 of 7
Certifying Signature	6/2/06		Climate Zone 12
Firm	Capitol Energy Consultants		Sample House Number 1
Street Address:	1709 Adonis Way		HERS Provider CalCerts
			City/State/Zip: Sacramento, CA 95864

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

The house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of CF-6R (Installation Certificate).

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Yes is a pass	Pass

REFRIGERANT CHARGE MEASUREMENT

Verification for Required Refrigerant Charge for Split System Space Cooling Systems without Thermostatic Expansion Valves

Indoor Unit Serial #		
Location		
Outdoor Unit Make	N/A	
Outdoor Unit Model		
Cooling Capacity		
Date of Verification		
Date of Refrigerant Gauge Calibration		(must be checked monthly)
Date of Thermocouple Calibration		(must be checked monthly)

Standard Charge Measurement (outdoor air dry-bulb 55 °F and above):

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is below 55 °F rater shall use the Alternative Charge Measure Procedure

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.
----------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------